MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (820)

CERTIFICATE OF DEATH

11383

Reg. Dist. No. 351

1. PLACE OF DEATH
County Worcester
City or town Snow Hill
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 76 yrs 11 mo 9 Dys

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Worcester
City or town Snow Hill Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Edward Coard Conner

3. (b) Social Security Number None

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Dec. 20 - 1862

8. AGE: Years 76 | Months 11 | Days 9 | If less than one day hrs. min.

9. Birthplace Snow Hill Worcester Md
(Town, county, and state)
10. Usual occupation Cabinet Maker
11. Industry or business
FATHER 12. Name Isaac B. Conner
13. Birthplace Maryland
MOTHER 14. Maiden name Elizabeth W. Bratton
15. Birthplace Maryland
16. Informant Mrs S. J. Brimer
Address Snow Hill Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 1 39 (month) (day) (year)
Cemetery or crematory M.E. Cems.
Location Snow Hill Md
18. Funeral director Hearne Dunning
Address Snow Hill Md
19. 11/30/39 (Date rec'd by registrar) LeRoy Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 29 1939, at 39 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from — 19 , to — 19 ,
and that I last saw h — alive on — 19 ,

Immediate cause of death: Cerebral hemorrhage
Due to
Due to
Other conditions None
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION: —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE John L. Riley Dep. Med Ex. M. D. or other
Address Snow Hill Md Date signed 11/29/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 4 1909
BUREAU V. S.

11384

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94E)

CERTIFICATE OF DEATH

Reg. Dist. No. 351

1. PLACE OF DEATH

County Worcester

City or town Snow Hill
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 53 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Worcester

City or town Snow Hill Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Elizabeth Montgomery Corddry

3. (b) Social Security Number None

4. Sex Female

5. Color or race White

6. (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Mr William D Corddry

6(c) If alive, give age 75 years

7. Birth date of deceased (mo., day, yr.) Nov. 5 - 1863

8. AGE: Years 76 | Months 0 | Days 14 | If less than one day ___ hrs. ___ min.

8. Birthplace Allentown New Jersey
(Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER
12. Name Theodore P. Stagg
13. Birthplace Brooklyn New York

MOTHER
14. Maiden name Lucy M. Newell
15. Birthplace Eclinton New Jersey

16. Informant Mr Harris S Corddry

Address Snow Hill Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 22-39 (month) (day) (year)

Cemetery or crematory Episcopal

Location Snow Hill Md

18. Funeral director Hearne & Dennis

Address Snow Hill Md

19. 11/21/39 (Date rec'd by registrar) LeRoy Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 19 39, at 5 41 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 11-16-39 19 , to 11-19 19 39, and that I last saw her alive on 11-19-39 19

Immediate cause of death Coronary Occlusion — DURATION 79 hrs.

Due to

Due to

Other conditions Unimportant
(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide No Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) No

Means of injury Injured at work?

23. SIGNATURE F S Waesche MD
M. D. or other

Address Snow Hill Md Date signed 11/22/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

(M) (T) (1)

RECEIVED
DEC 4 1939
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (34)

11385

CERTIFICATE OF DEATH

Reg. Dist. No. 350

1. PLACE OF DEATH:

County Worcester

City or town Pocomoke City
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Rural

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 46 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Worcester

City or town Pocomoke City, Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Rural
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME W. Thomas Groton

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Virginia Kathryn

6(c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) Nov. 19, 1867

8. AGE:

Years	Months	Days	If less than one day
71	11	19	hrs. min.

9. Birthplace Onley, Accomac Co., Va.
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Henry Groton
13. Birthplace Onley, Va.

MOTHER
14. Maiden name Annie Bundick
15. Birthplace Onley, Va.

16. Informant Ralph Groton
Address Salisbury, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 11-10-39 (month) (day) (year)

Cemetery or crematory Baptist Cemetery

Location Pocomoke City, Md.

18. Funeral director John A. Bradshaw
Address Pocomoke City, Md.

19. Nov. 9 1939 (Date rec'd by registrar) Anne E. White Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 8, 1939, at 9:50 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1938, to Nov 7 1939, and that I last saw him alive on Nov 7 1939.

Immediate cause of death Cerebrospinal Syphilis

DURATION 10 yrs

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations none

Of autopsy none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE C. E. Gilchrist M. D. or other

Address Nassau Church Va Date signed 11-9-39

RECEIVED
DEC 8 1939
BUREAU OF S

WITHIN CORPORATE LIMITS OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11386

CERTIFICATE OF DEATH

(542)

Reg. Dist. No. 350

1. PLACE OF DEATH:

County Worcester

City or town Pocomoke City
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 804-5th Street

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Worcester

City or town Pocomoke City Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 804- 5 th Street
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Georgianna Harris

3. (b) Social Security Number None

4. Sex: Female

5. Color or race: Col.

6. (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: Charles Harris

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Dec. 16, 1869

8. AGE: Years 69 | Months 10 | Days 17 | If less than one day ____ hrs. ____ min.

9. Birthplace: Pocomoke City, Md.
(Town, county, and state)

10. Usual occupation: Housework

11. Industry or business: at home

FATHER
12. Name: James Bailey
13. Birthplace: Pocomoke City, Md.

MOTHER
14. Maiden name: Mary Whittington
15. Birthplace: Somerset Co.

16. Informant: James Bailey
Address: 5th & Marion Ave., Glasboro, N.J.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: 11/5/39 (month) (day) (year)

Cemetery or crematory: Halls Hill Cemetery
Location: Pocomoke City, Md.

18. Funeral director: John A. Bradshaw
Address: Pocomoke City, Md.

19. Nov. 5 1939 (Date rec'd by registrar) Anne E. White Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 3, 1939, at 11:17 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 1st 1939, to Nov 3rd 1939, and that I last saw h[illegible] alive on Nov 3rd 1939

Immediate cause of death: Septico — pyaemia — DURATION: 10 days

Due to: Acute Infection — 2 weeks

Due to: Chronically ulcerated left [illegible] — 5 years

Other conditions: Widomined tumor — Dk.
(Include pregnancy within 3 months of death)

Major findings: Benign tumor, primary in intestines.

Of operations: Duration: several years. C.W.L.R.

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: N. E. Sartorius M. D. or other

Address: Pocomoke City Date signed 11-5-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 6 1939
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (82-a)

CERTIFICATE OF DEATH

11387

Reg. Dist. No. 350

1. PLACE OF DEATH:
County: Worcester
City or town: Pocomoke City
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Quintown
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Worcester
City or town: Pocomoke City Ward No.:
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: Quintown
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Millie Hayward

3. (b) Social Security Number: None

4. Sex: Female
5. Color or race: Colored
6. (a) Single, married, widowed, or divorced: widowed

B (b) Name of husband or wife: Issac White Hayward
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Mar. 10, 1871

8. AGE: Years: 68 Months: 8 Days: 10 If less than one day: hrs. min.

9. Birthplace: Pocomoke, Worcester Co., Md.
(Town, county, and state)

10. Usual occupation: Laundry

11. Industry or business: At home

FATHER
12. Name: Henry Hayward
13. Birthplace: Maryland

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown

16. Informant: Marie Smith
Address: Pocomoke City, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 11-23-39 (month) (day) (year)
Cemetery or crematory: Halls Hill Cemetery
Location: Pocomoke City, Md.

18. Funeral director: John A. Bradshaw
Address: Pocomoke City, Md.

19. Nov. 22 1939 (Date rec'd by registrar) Anne E. White Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 20 1939, at 5 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 18 1939, to Nov 19 1939, and that I last saw her alive on Nov 19th 1939.

Immediate cause of death: Gangrene foot — DURATION: 12 weeks

Due to: Primary cause: Cerebral hemorrhage, cerebral. Duration: a few hours.

Due to: Arteriosclerosis — DK.

Other conditions: Hemoplegia — 3 days

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: N. E. Artorius M. D. or other
Address: Pocomoke City Md. Date signed: 11/22/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92-a)

11388

CERTIFICATE OF DEATH

Reg. Dist. No. 351

1. PLACE OF DEATH

County Worcester

City or town Snow Hill

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or insl. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 47 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Worcester

City or town Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Alice M. Henman

3. (b) Social Security Number None

4. Sex Female

5. Color or race White

6. (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife C. W. Henman

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 8 – 1866

8. AGE: Years 73 Months 2 Days 11 If less than one day hrs. min.

9. Birthplace Worc. Co. Md. (Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER 12. Name Andrew J. Hancock

13. Birthplace Maryland

MOTHER 14. Maiden name T. Jane Young

15. Birthplace Maryland

16. Informant Elsie H. Owens

Address Shantown Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 21-39 (month) (day) (year)

Cemetery or crematory M. E. Cemetery

Location Snow Hill Md

18. Funeral director Hearne & Dennis

Address Snow Hill Md

19. 11/20/39 (Date rec'd by registrar) LeRoy Smith, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 19, 1939, at 10 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 15 1939, to November 19 1939, and that I last saw her alive on November 19 1939.

Immediate cause of death Mitral Regurgitation Acute Parenchymatous nephritis

DURATION Do not know 2 mo. ago

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? — (City or town) — (County) — (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work? —

23. SIGNATURE N. Sherwood Ferris M.D. M. D. or other

Address Snow Hill, Md. Date signed 11/20/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 4 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (25-D)

CERTIFICATE OF DEATH

11389

Reg. Dist. No. 351

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 (T)

1. PLACE OF DEATH:
County Worcester
City or town near Snow Hill
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED
(For newborn infants give residence of mother)
State Delaware County Sussex
City or town Frankford Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Lena Hogan.

3. (b) Social Security Number 219-05-8243

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	Colored	Married

B (b) Name of husband or wife Willie Hogan
Frankford Del RD 2 6(c) If alive, give age 35 years
7. Birth date of deceased (mo., day, yr.) Unknown.

8. AGE: Years	Months	Days	If less than one day
35			hrs. min.

9. Birthplace North Carolina (Town, county, and state)
10. Usual occupation House work.
11. Industry or business
FATHER 12. Name Unknown
13. Birthplace "
MOTHER 14. Maiden name Unknown
15. Birthplace "
16. Informant Willie Hogan
Address Frankford Del. R.D. 2.
17. Antioch Cem. Frankford (Burial, cremation, or removal. Which?) Date thereof Nov 28. 1939 (month) (day) (year)
Cemetery or crematory Antioch Cemetery
Location Frankford Del
18. Funeral director Hearne & Dennis
Address Snow Hill Md
19. 11/28 1939 (Date rec'd by registrar) LeRoy Smith. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 27 1939 at 6:30 a. M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ~ 19~, to ~ 19~,
and that I last saw h alive on ~ 19~.

Immediate cause of death	DURATION
Heart trouble	
Varicose veins unknown	
Due to alcoholism	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE John L. Riley Dep. Med Ex. M. D. or other
Address Snow Hill Md Date signed 11/28/39

RECEIVED
DEC 4 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (159)

Reg. Dist. No. 355

CERTIFICATE OF DEATH

11390

1. PLACE OF DEATH:
(a) County Worcester
(b) City or town Berlin md
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) ←
(e) Length of stay in this community (yrs., mos., or days) ←

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md (b) County Worcester
(c) City or town Berlin md
(If outside city or town limits, write RURAL and give town)
(d) Street No. ←
(If rural give location)
(e) If foreign born, how long in U. S. A.? ← years

3 (a) **FULL NAME** Baby Hudson

3 (b) If veteran, name war ←

3 (c) Social Security No. ←

4. Sex: Male

5. Color or race: W

6 (a) Single, married, widowed, or divorced. ←

6 (b) Name of husband or wife ←

6. (c) If alive, give age ← years

7. Birth date of deceased (mo., day, yr.) Nov. 15, 1939

8. AGE: Years – | Months ← | Days ← | If less than one day 4 hr. ← min.

9. Birthplace md
(Town, county, and state)

10. Usual occupation ←

11. Industry or business ←

FATHER 12. Name Clinton Hudson
13. Birthplace md

MOTHER 14. Maiden Name Anna Adkins
15. Birthplace md

16 (a) Informant Clinton Hudson
(b) Address Berlin md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 16, 1939 (month) (day) (year)
(c) Cemetery or crematory Berlin md
Location Berlin md

18 (a) Funeral director J. W. Bratten
(b) Address Berlin md

19 (a) 11-16-39 (Date rec'd by registrar) (b) Helen F. Hayward Registrar

MEDICAL CERTIFICATION

20. Date of death Nov 15 1939, at 5:00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-15 1939, to 11-15 1939, and that I last saw him alive on 11-15 1939.

Immediate cause of death	Duration
Prematurity	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frederick P. Ireland M.D
M. D. or other
Address Berlin Md Date signed 11-16-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 4 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (47-B)

CERTIFICATE OF DEATH

355 11391

Reg. Dist. No. 352

1. PLACE OF DEATH:
County: Worcester
City or town: Ocean City
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 5th St & Balto. Ave.
Stay in hospital or inst. (yrs., or mos., or days): ✓
Stay in this community (yrs., or mos., or days): 13 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Worcester
City or town: Ocean City Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 3 Baltimore Ave.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: no

3. (a) FULL NAME: Edward Kurtz

3. (b) Social Security Number: none

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
B (b) Name of husband or wife: Sophia F. Kurtz
6(c) If alive, give age: 53 years
7. Birth date of deceased (mo., day, yr.): Aug. 13, 1879

8. AGE: Years: 60 Months: 3 Days: 3 If less than one day: hrs. min.

9. Birthplace: Milton, Sussex, Del. (Town, county, and state)
10. Usual occupation: Retired Hotel Manager
11. Industry or business: ✓

FATHER
12. Name: Christian Kurtz
13. Birthplace: New Jersey

MOTHER
14. Maiden name: Ella Marship
15. Birthplace: Delaware

16. Informant: Mrs. Henry J. Burbage
Address: Ocean City, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov. 18, 1939. (month) (day) (year)
Cemetery or crematory: Hesonah
Location: Hesonah, N.J.
18. Funeral director: The Hill & Johnson Co.
Address: Salisbury, Md.

19. 11-17- 1939 (Date rec'd by registrar) L. S. Mumford Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 16, 1939, at 10:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 1st 1939, to Nov 16 1939, and that I last saw him alive on Nov 16 1939.

Immediate cause of death: Pulmonary Edema — DURATION: 24 hrs
Due to: Cornicoma of Lungs
Due to: —
Other conditions: —
(Include pregnancy within 8 months of death)
Major findings:
Of operations: —
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: — Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: F. J. Townsend M.D.
M.D. or other
Address: Ocean City Md. Date signed: Nov 17/39

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 4 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

11392

CERTIFICATE OF DEATH

Reg. Dist. No. 353

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Worcester

City or town Whaleyville

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) Stillborn

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State County

City or town Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Stillborn Littleton

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	white	

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 1, 1939

8. AGE: Years	Months	Days	If less than one day: hrs.	min.
			Stillborn	

9. Birthplace Whaleyville, Md.

(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Cleveland Littleton

13. Birthplace Worc. Co. Md.

MOTHER 14. Maiden name ~~Daisey Mae~~ Martha Daisy Evans

15. Birthplace Md.

18. Informant Cleveland Littleton

Address Whaleyville, Md.

17. Rehoboth Cem. (Burial, ~~cremation~~, or removal. Which?) Date thereof 11-2-39 (month) (day) (year)

Cemetery or crematory Rehoboth Meml Cem Whaleyville

Location

18. Funeral director Marguette A. Watson

Address Pocomoke City, Md.

19. Nov. 2 1939 (Date rec'd by registrar) Mrs. Roy Bergey Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 1 1939, at 7 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19, to 19,

and that I last saw h alive on 19,

	DURATION
Immediate cause of death Stillborn	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE G E James M. D. or other

Address Selbyville Date signed 10-2-40

Authorization Discharge mother's name see letter filed under James in permanent file. 1/5/40.

RECEIVED
DEC 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11393

Reg. Dist. No. 351

1. PLACE OF DEATH:

County Worcester

City or town Near Newark

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 1 yr.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Worcester

City or town Near Newark Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Lemuel James Moore

3. (b) Social Security Number None

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife —

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Dec. 31 - 1877

8. AGE: Years 61 Months 10 Days 16 If less than one day ___ hrs. ___ min.

9. Birthplace Bishopville Worcester Md. (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Own Farm

FATHER 12. Name John T. P. Moore

13. Birthplace Maryland

MOTHER 14. Maiden name Sarah E. Bishop

15. Birthplace Maryland

16. Informant Mrs. Lulu M. Hayward

Address Snow Hill Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 19-39 (month) (day) (year)

Cemetery or crematory Presbyterian Cem.

Location Snow Hill Md

18. Funeral director Hearne & Dennis

Address Snow Hill Md

19. 11/18/ 1939 LeRoy Smith (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 17 1939, at 6.50 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 17 1939 to Nov 17 1939 and that I last saw h im alive on Nov. 17 1939

Immediate cause of death Lobar Pneumonia — ? —

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Clifford E. Schott M.D. M. D. or other

Address Berlin Md Date signed Nov. 17-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 4 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (8)

Reg. Dist. No. 8 55

11394

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Worcester
(b) City or town Berlin md
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) ←
(e) Length of stay in this community (yrs., mos., or days) ←

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md (b) County Worcester
(c) City or town Berlin md
(If outside city or town limits, write RURAL and give town)
(d) Street No. ←
(If rural give location)
(e) If foreign born, how long in U. S. A.? ← years

3 (a) **FULL NAME** Still Born Parsons

3 (b) If veteran, name war ←
3 (c) Social Security No. ←

4. Sex Female | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. ←

6 (b) Name of husband or wife ←
6. (c) If alive, give age ← years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years ← | Months ← | Days ← | If less than one day ____hr. ____min.

9. Birthplace md
(Town, county, and state)

10. Usual occupation ←

11. Industry or business ←

FATHER 12. Name Roland Parsons
13. Birthplace md

MOTHER 14. Maiden Name Estie Marshall
15. Birthplace md

16 (a) Informant Roland Parsons
(b) Address Berlin md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 17. 1939 (month) (day) (year)
(c) Cemetery or crematory
Location Berlin md

18 (a) Funeral director J. W. Burbage
(b) Address Berlin md

19 (a) 11-17-39 (Date rec'd by registrar) (b) Helen F. Hayward Registrar

MEDICAL CERTIFICATION

20. Date of death 11-16 1939, at 10:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 11-16 1939, to 11-16 1939, and that I last saw him alive on ____ 19____.

	Duration
Immediate cause of death [redacted]	
Premature birth	
Due to	
Due to	
Other conditions	
(Include pregnancy within 3 months of death)	
Major findings:	
Of operations	
Of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frederick S. Lacock M.D.
M. D. or other
Address Berlin Md Date signed 11-17-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 4 1939
BUREAU V. S.

11395

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 350

1. PLACE OF DEATH:

County Worcester

City or town Pocomoke City R.F.D

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: ✓

Stay in hospital or inst. (yrs., or mos., or days) ✓

Stay in this community (yrs., or mos., or days) ✓

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Worcester

City or town Pocomoke City R.F.D. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Donald Herbert Pilchard

3. (b) Social Security Number

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife ✓

6(c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) March 5, 1939

8. AGE: Years | Months 8 | Days 23 | If less than one day ___ hrs. ___ min.

9. Birthplace Pocomoke, Worcester, Md R.F.D (Town, county, and state)

10. Usual occupation ✓

11. Industry or business ✓

FATHER
12. Name John Herbert Pilchard
13. Birthplace Md

MOTHER
14. Maiden name Louise W. Sparrow
15. Birthplace Va

16. Informant John Herbert Pilchard

Address Pocomoke City, Md R.F.D

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 30, 1939 (month) (day) (year)

Cemetery or crematory Cemetery - Goodwill

Location Pocomoke City, Md R.F.D

18. Funeral director Margarette H. Watson

Address Pocomoke City, Md.

19. Nov. 29 1939 (Date rec'd by registrar) Anne E. White Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 28 1939, at 6 P.M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 21 1939, to Nov 28 1939, and that I last saw him alive on Nov 28 1939.

Immediate cause of death: Ulcer colitis — DURATION 10 days

Due to

Due to

Other conditions ✓

(Include pregnancy within 3 months of death)

Major findings:

Of operations ✓

Of autopsy no

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE C E Lichtenberg M.D. or other

Address [illegible] Date signed 11-29-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 8 1939
BUREAU V. S.

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (82-d)

11396

CERTIFICATE OF DEATH

Reg. Dist. No. 351

1. PLACE OF DEATH:

County Worcester

City or town Snow Hill

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 20 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Worcester

City or town Snow Hill Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR NO

3. (a) FULL NAME William C. Prettyman

3. (b) Social Security Number None

4. Sex male

5. Color or race white

6. (a) Single, married, widowed, or divorced widowed

6 (b) Name of husband or wife Mabila Prettyman

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 22 1876

8. AGE: Years 63 Months 9 Days 14 If less than one day hrs. min.

9. Birthplace Baltimore City Baltimore Md (Town, county, and state)

10. Usual occupation Shoe Cobbler

11. Industry or business

FATHER 12. Name Wm C. Prettyman

13. Birthplace Baltimore City Md

MOTHER 14. Maiden name Unknown

15. Birthplace

16. Informant John Prettyman

Address Snow Hill. Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 7 39 (month) (day) (year)

Cemetery or crematory Christian

Location Snow Hill Md

18. Funeral director Hearne Demmy

Address Snow Hill Md

19. 11/6 1939 LeRoy Smith (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 5 1939, at 2:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from — 19 , to — 19 ,

and that I last saw h — alive on — 19 .

Immediate cause of death Paralysis Diplegia

DURATION 3 wks

Due to Patient was dead, when physician saw him. He does not know whether cerebral hem

Due to orrhage was involved or not. C.W.F.R.

Other conditions —

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE John L. Riley Dep'y Med Ex (M. D. or other)

Address Snow Hill Md Date signed 11/5/39

RECEIVED
DEC 4 1939
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11397

Reg. Diat. No. 355

1. PLACE OF DEATH:

County Worcester

City or town Sinepuxent

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Worcester

City or town Sinepuxent Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME (Twin) Purnell

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	col	

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) November 19, 1939

8. AGE: Years	Months	Days	If less than one day
			hrs. min.

9. Birthplace Sinepuxent, Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Vernon Purnell

13. Birthplace Berlin, Md.

MOTHER 14. Maiden name Violet Merie Purnell

15. Birthplace Sinepuxent, Md.

16. Informant Vernon Purnell

Address Berlin, md R F D

17. buried (Burial, cremation, or removal. Which?) Date thereof 11-20-39 (month) (day) (year)

Cemetery ~~or crematory~~ Family lot on farm

Location Berlin, md. R F D

18. ~~Funeral~~ director Parents of mother

Address Berlin, md. R F D

19. 12-11- 1939 (Date rec'd by registrar) Helen L. Hayward Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 19 1939, at 2.30 A.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19, to 19,

and that I last saw h alive on 19.

Immediate cause of death — DURATION

Stillborn

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

Lucenia Jarman, midwife, in attendance

23. SIGNATURE Helen L. Hayward- Lic. Reg. ~~M. D. or other~~

Address Berlin, md Date signed 12-18-39

Stillb.

RECEIVED
DEC 21 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11398

CERTIFICATE OF DEATH

Reg. Dist. No. 355

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Worcester
City or town Sinepuxent
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Worcester
City or town Sinepuxent Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME (Twin) Purnell

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	col	

6 (b) Name of husband or wife
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) November 19, 1939

8. AGE: Years | Months | Days | If less than one day ___hrs. ___min.

9. Birthplace Sinepuxent, Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name Vernon Purnell
13. Birthplace Berlin, Md.

MOTHER
14. Maiden name Violet Merie Purnell
15. Birthplace Sinepuxent, Md.

16. Informant Vernon Purnell
Address Berlin, Md

17. Buried (Burial, cremation, or removal. Which?) Date thereof Nov. 20, 1939 (month) (day) (year)
Cemetery ~~or crematory~~ Family burial lot
Location Berlin, Md. R D
18. ~~Funeral director~~ Parents of mother
Address Berlin, Md.

19. 12-11- 1939 Helen L. Hayward
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 19 1939, at 2.30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ___19___, to ___19___, and that I last saw h___alive on ___19___.

Immediate cause of death	DURATION
Stillborn	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE midwife on case, Luvenia Jarman
no doctor in attendance
Helen L. Hayward, Loc. Reg. M. D. or other
Address Berlin, Md. Date signed 12-16-39

Stillb.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131)

11399

CERTIFICATE OF DEATH

Reg. Dist. No. 354

1. PLACE OF DEATH:

County Worcester

City or town Stockton
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 60 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Worcester

City or town Stockton Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME James T. Silverthorne

3. (b) Social Security Number None

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Single

B (b) Name of husband or wife ✓

✓ 6(c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) January 6, 1863

8. AGE: Years 76 Months 10 Days 4 If less than one day ___ hrs. ___ min.

9. Birthplace Accomac, Va
(Town, county, and state)

10. Usual occupation Farming

11. Industry or business

FATHER
12. Name William Silverthorne
13. Birthplace Va

MOTHER
14. Maiden name Jane Ewell
15. Birthplace Va

16. Informant James Hickman

Address Stockton, Maryland

17. Burial
(Burial, cremation, or removal. Which?)

Date thereof Nov. 12, 1939
(month) (day) (year)

Cemetery or crematory M. P. Cemetery

Location Portersville

18. Funeral director Margarette H. Watson

Address Pocomoke City

19. Nov. 11, 1939
(Date rec'd by registrar)

Mary M. Taylor
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 10 1939, at 8:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1938 19 , to Jan 10 1939,

and that I last saw him alive on Jan 10 1939.

Immediate cause of death Chronic Nephritis

DURATION 5 yrs

Due to

Due to

Other conditions Myocardial Degeneration

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy none

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE C. E. Crittenden M. D. or other

Address [illegible] Date signed 11-12-39

RECEIVED
DEC 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46 B)

CERTIFICATE OF DEATH

11400

Reg. Dist. No. 351

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Worcester

City or town WITHIN Snow Hill

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) Two yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For new-born infants give residence of mother)

State Md. County Worcester

City or town Snow Hill Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Minnie Taylor

3. (b) Social Security Number None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Widowed

B (b) Name of husband or wife T. E. Taylor

6(c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) Sept. 3 - 1871

8. AGE:

Years	Months	Days	If less than one day
65	2	6	hrs. min.

9. Birthplace Brentsville, Accomac, Virginia

(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name John Ward

13. Birthplace Unknown

MOTHER 14. Maiden name Elizabeth Hull

15. Birthplace Unknown

16. Informant Mrs. L. N. Bailey

Address Snow Hill Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 11 39 (month) (day) (year)

Cemetery or crematory M. E. Cemetery

Location Near Stockton Md

18. Funeral director Hearne & Dennis

Address Snow Hill Md

19. 11/11 39 (Date rec'd by registrar) LeRoy Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 9 1939, at 3:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 15 1939, to Nov. 9 1939 and that I last saw her alive on Nov. 5 1939

Immediate cause of death Carcinoma of Stomach — DURATION 1 year 6 mos.

Due to Chronic Cholecystitis — 6 mos.

Due to Chronic parenchymatous nephritis

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Ot operations

Ot autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE N. Sherwood Ferris M. D. or other

Address Snow Hill, Md. Date signed 11/10/39

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DEC 4 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

11411

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County Worcester Registration Dist. No. 351

Village or City Riddleree No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Barbara Ann Taylor

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	Colored	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Apr. 18, 1939

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Infant

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Riddleree Me
(State or country)

FATHER

13. NAME Linwood Taylor

14. BIRTHPLACE (city or town) Riddleree
(State or country) Md

MOTHER

15. MAIDEN NAME Edna Manuel Stockton

16. BIRTHPLACE (city or town)
(State or country) Me

17. INFORMANT Linwood Taylor
(Address) Riddleree, Md

18. BURIAL, CREMATION, OR REMOVAL
Place Coal Spring cemetery, Riddleree, Md Date Nov 15, 1939

19. UNDERTAKER Irwin Bennett
(Address) Middletown Md

20. FILED Nov. 15, 1939 LeRoy Smith
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Nov (Month) 14 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Nov. 7, 1939, to Nov. 14, 1939

I last saw her alive on Nov. 14, 1939; death is said to have occurred on the date stated above, at 9 a.m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia (Primary)	?
The broncho pneumonia followed a cold.	
Other Contributory Causes of importance:	
Unimportant	
There was no other associated disease.	

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) J. S. Wagoche M. D.

(Address) Snow Hill, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at **school** or at **home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

WITHIN CORPORATE LIMITS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-2)

CERTIFICATE OF DEATH

11402

Reg. Dist. No. 350

1. PLACE OF DEATH:
County Worcester
City or town Pocomoke City
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Second Street
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 50 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Worcester
City or town Pocomoke City Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Laurel & Second Streets
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Dr. Wm. H. Walters

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Annie Merrill Walters
6(c) If alive, give age 72 years

7. Birth date of deceased (mo., day, yr.) Apr. 29 1865

8. AGE: Years	Months	Days	If less than one day
74	6	29	hrs. min.

9. Birthplace New Church, Va.
(Town, county, and state)
10. Usual occupation Dentist
11. Industry or business
FATHER 12. Name William H. Walters
13. Birthplace Accomac County, Va.
MOTHER 14. Maiden name Emily Ellen Coulbourn
15. Birthplace Accomac Co. Va.
16. Informant Wm. H. Walters, Jr.
Address Pocomoke City, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof 12/1/39 (month) (day) (year)
Cemetery or crematory Presbyterian Cemetery
Location Pocomoke City, Md.
18. Funeral director John A. Bradshaw
Address Pocomoke City, Md.
19. Nov 30 1939 (Date rec'd by registrar) Anna E. White Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 28 1939, at 10:30 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1935, to Nov. 28 1939, and that I last saw him alive on Nov. 28 1939.

Immediate cause of death	DURATION
Chronic Myocarditis	
Due to	
Due to	
Other conditions Cerebral Hemorrhage	1935

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE A A Parker M.D.
M. D. or other
Address Pocomoke City Date signed 11/29/39

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DEC 6 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

11403

1. PLACE OF DEATH

County Worcester Registration Dist. No. 355

Village or City Berlin, Md R.F.D. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U.S. if of foreign birth? ✓ yrs. ✓ mos. ds.

2. FULL NAME Mannie Florence Wilkins If U. S. Veteran, specify WAR ✓

(a) Residence: No. ✓ St., ✓ Ward. ✓

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of S. Ernest Wilkins

6. DATE OF BIRTH (month, day, and year) Dec. 17, 1882

7. AGE Years 56 Months 10 Days 21 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housework.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) Oct. 16, 1939.

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Wicomico (State or country) Maryland

FATHER

13. NAME Edw. Cooper.

14. BIRTHPLACE (city or town) Md. (State or country)

MOTHER

15. MAIDEN NAME Rosa Townsend

16. BIRTHPLACE (city or town) Md. (State or country)

17. INFORMANT Ernest Wilkins (Address) Berlin, Md R4 Dr

18. BURIAL, CREMATION, OR REMOVAL New Hope Place Willards, Md. Date 11-10, 1939

19. UNDERTAKER M. Pasha Watson (Address) Selbyville, Del.

20. FILED 11-10-, 1939 Helen F. Hayward Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH November (Month) 8 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Nov 5, 1939, to Nov 8, 1939

I last saw her alive on Nov 8, 1939; death is said to have occurred on the date stated above, at 11:00 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Nov 6, '39

Other Contributory Causes of Importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Frederick S. Nicoll M. D.

(Address) Berlin, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Lived in Md 12 mos prior to death

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (82-a)

CERTIFICATE OF DEATH

11404

Reg. Dist. No. 364

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Worcester
City or town Girdletree
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 1 yr.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Virginia Md County Worcester
City or town Thornburg Girdletree Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Rev. William Leslie Witt

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Veronica Witt
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 1, 1883

8. AGE:

Years	Months	Days	If less than one day
56	4	20	hrs. min.

9. Birthplace Lynchburg, Bedford Co., Va.
(Town, county, and state)

10. Usual occupation Minister

11. Industry or business

FATHER
12. Name Homer Witt
13. Birthplace Bedford Co., Va.

MOTHER
14. Maiden name Ruth Hunt
15. Birthplace Virginia

16. Informant Mrs. Wm. Witt
Address Girdletree, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 11-24-39 (month) (day) (year)
Cemetery or crematory Baptist Cemetery
Location Girdletree, Md.

18. Funeral director John A. Bradshaw
Address Pocomoke City, Md.

19. Nov 22 1939 (Date rec'd by registrar) Mary M. Taylor Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 21 1939, at 9:40 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 25 1939, to Nov. 21 1939, and that I last saw him alive on Nov. 21 1939

	DURATION
Immediate cause of death Cerebral Hemorrhage	11/14/39
Due to Hypertension	
Due to	
Other conditions Cerebral Hemorrhage	July '38

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide No Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE J. T. Wilgus M.D.
Address Snow Hill Md M. D. or other
Date signed 11/21/39

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DEC 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (108)

WITHIN CORPORATE LIMITS

11405

CERTIFICATE OF DEATH

Reg. Dist. No. 350

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Worcester
City or town Pocomoke City
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Fourth St.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 36

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Worcester
City or town Pocomoke City Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Fourth St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Annie M. Wright

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Colored	Married

6 (b) Name of husband or wife Will Wright
6(c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) Dec. 17, 1882

8. AGE: Years	Months	Days	If less than one day
56	11	12	hrs. min.

9. Birthplace Stockton, Worcester Co., Md. (Town, county, and state)
10. Usual occupation Laundress
11. Industry or business
FATHER 12. Name Louis Selby
13. Birthplace Worcester Co., Maryland
MOTHER 14. Maiden name — Holland
15. Birthplace Worcester Co. Md.
16. Informant Will Wright
Address Pocomoke City, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof 12-3-39 (month) (day) (year)
Cemetery or crematory Halle Hill Cemetery
Location Pocomoke City Md.
18. Funeral director John A. Bodelson
Address Pocomoke City, Md.
19. Nov. 30 1939 (Date rec'd by registrar) Anna E. White Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 29 1939, at 3:10 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 25 1939, to Nov. 29 1939, and that I last saw her alive on November 29 1939

Immediate cause of death	DURATION
Exhaustion	
Due to Lobar Pneumonia	5 Days
Due to —	
Other conditions —	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of —
Where did injury occur? — (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE R. Lee Hall M. D. or other
Address Pocomoke City Md Date signed 11/30/39

RECEIVED
DEC 6 1939
BUREAU V. S.